

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/14/2017
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER THE HEALTH CENTER AT RICHLAND PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 504 ELMINGTON AVENUE NASHVILLE, TN 37205		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #39982 were completed 6/5-7/17 at The Health Center at Richland Place. No deficiencies were cited related to the complaint investigation. Deficiencies were cited related to the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	The plan of correction is submitted as required under State and Federal law and does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.		
F 272	483.20(b)(1) COMPREHENSIVE SS=D ASSESSMENTS (b) Comprehensive Assessments (1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information	F 272	The Health Center at Richland Place completes a comprehensive assessment of all resident's needs, strengths, goals, life history and preferences. The comprehensive assessment dated 3/10/17 has been modified for resident #153 to reflect the use of an external catheter. A physician's order was obtained and the resident's care plan was revised to reflect use of a condom catheter effective 6/8/17. Records for all residents using a catheter have been reviewed to ensure there is a complete and comprehensive assessment, physician's order, and care plan effective 6/8/17. Admitting nurse education relative to catheter orders and care planning was provided 6/8/17. Nursing staff education is scheduled for 6/22/17. Ongoing compliance monitoring weekly x4 will be conducted by the ADON as directed and overseen by the Director of Nursing. Reports to the Quality Assurance committee are planned until substantial compliance is achieved. Complete 7/12/17.		7/12/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	<p>Continued From page 1</p> <p>regarding the additional assessment performed on the</p> <p>care areas triggered by the completion of the Minimum Data Set (MDS).</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct</p> <p>observation and communication with the resident, as well as communication with licensed and</p> <p>non-licensed direct care staff members on all shifts.</p> <p>The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review and interview, the facility failed to comprehensively assess 1 resident (#153) of 26 residents reviewed in the stage 2 sample.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #153 was admitted to the facility on 8/22/15 with diagnoses including Parkinson's Disease, Dysarthria and Anarthria, Benign Prostatic Hyperplasia, Obstructive and Reflux Uropathy, Spinal Stenosis, History of Falling and Presence of Cardiac Pacemaker.</p> <p>Medical record review revealed a Physician's order dated 10/20/16 for a "...condom catheter prn [as needed] for urinary retention per patient request; diagnosis-obstructive uropathy." Further</p>			F 272	<p>RECEIVED</p> <p>JUN 27 2017</p> <p>BY: _____</p>		

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F 272	<p>Continued From page 2</p> <p>review revealed this order was discontinued on 3/3/17.</p> <p>Interview with Certified Nurse Aide #1 on 6/7/17 at 10:25 AM on the third floor near the resident's room revealed the resident did use a condom catheter and staff does provide care for the catheter as needed.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator/Registered Nurse #1 on 6/7/17 at 5:00 PM in her office confirmed the MDS dated 3/10/17 did not reflect the resident's use of a condom catheter and "should've been coded..." for an external catheter.</p> <p>Interview with Resident #153 on 6/7/17 at 6:00 PM in the resident's room revealed the resident did use a condom catheter. The resident stated he applied the condom catheter himself as needed. Continued interview with Resident #153 revealed when needed the staff will empty the catheter bag and sometimes he will empty it.</p>	F 272			
F 280	<p>483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO SS=D PARTICIPATE PLANNING CARE-REVISE CP</p> <p>483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:</p> <p>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</p> <p>(ii) The right to participate in establishing the</p>	F 280			

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F 280	<p>Continued From page 3</p> <p>expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</p> <p>(iv) The right to receive the services and/or items included in the plan of care.</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</p> <p>(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>483.21</p> <p>(b) Comprehensive Care Plans</p> <p>(2) A comprehensive care plan must be--</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p>	F 280	<p>F280</p> <p>The Health Center at Richland Place develops a person-centered care plan for each resident. The resident care plan is updated/revised as needed relative to patient specific needs.</p> <p>Resident #216 had a new intervention subsequent to each fall. The "low Bed" intervention was mistakenly removed from the electronic health record. Resident #216 was provided with a low bed and mat as stated in the resident assessment.</p> <p>Staff education regarding care planning fall interventions is scheduled for 6/22/17. Each resident's record with "low bed" as a fall intervention was reviewed for appropriate care planning effective 6/8/17.</p> <p>Ongoing compliance monitoring weekly x4 will be conducted by the Risk Management nurse as directed and overseen by the Director of Nursing. Reports to the Quality Assurance Committee are planned until substantial compliance is achieved. Complete 7/12/17.</p>	7/12/2017	

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F 280	<p>Continued From page 4</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to revise the comprehensive care plan to reflect a low bed and fall mat intervention for 1 Resident (#216) of 26 residents reviewed in the stage 2 sample.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #216 was admitted to the facility on 8/26/15, readmitted on 3/8/17 and discharged on 4/7/17 with diagnoses including Non ST (Sinus Tachycardia)</p>	F 280			

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F 280	<p>Continued From page 5</p> <p>Elevated Myocardial Infarction, Sepsis, Difficulty in Walking, Aphasia, Muscle Weakness, Chronic Kidney Disease Stage 5, End Stage Renal Dialysis, Diabetes Mellitus II, Hypertension, and Dependence on Renal Dialysis.</p> <p>Medical record review of a 14 day Minimum Data Set dated 3/31/17 revealed the resident was moderately cognitively impaired. Continued review revealed the resident required limited assistance of 1 person for bed mobility, transfers, walking in the room, corridor, locomotion on and off the unit, and toileting.</p> <p>Medical record review of a Falls Risk Assessment dated 3/8/17 indicated the resident was at risk for falls.</p> <p>Medical record review revealed Resident #216 had a fall 3/9/17. Continued review revealed an intervention in place prior to the fall was "bed in low position."</p> <p>Medical record review revealed Resident #216 had a fall on 3/18/17. Continued review revealed the immediate intervention put into place after the fall was "initiated low bed."</p> <p>Medical record review revealed Resident #216 had a fall on 3/19/17. Continued review revealed, "...bed was lowered to lowest and locked...floor mat is in place..."</p> <p>Medical record review of a comprehensive care plan dated 3/8/17 and revised 4/7/17 revealed a problem of "...Patient is at risk for falls [related to] dementia with aphasia and behaviors/agitation, use of [medications] that can increase risk, [End Stage Renal Dialysis] with recent [Mental Status]</p>			F 280			

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F 280	Continued From page 6 change...and [history] of fall since admission..." Continued review revealed there was no intervention for a low bed or a fall mat on the care plan.	F 280			
F 281 SS=D	<p>Interview with the Director of Nursing on 6/7/17 at 3:50 PM in the Fine Dining Room confirmed the facility failed to update the care plan to reflect a low bed and fall mat intervention for Resident #216.</p> <p>483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>(b)(3) Comprehensive Care Plans</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure an order was obtained for the use of a condom catheter for 1 resident (#153) of 26 residents reviewed in the stage 2 sample.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #153 was admitted to the facility on 8/22/15 with diagnoses including Parkinson's Disease, Dysarthria and Anarthria, Benign Prostatic Hyperplasia, Obstructive and Reflux Uropathy, Spinal Stenosis, History of Falling and Presence of Cardiac Pacemaker.</p>	F 281	<p>F281</p> <p>The Health Center at Richland Place provides services that meet professional standards. A physician order for catheters is obtained when indicated.</p> <p>Resident #153 has a physician order for use of a condom catheter effective 6/ 8/ 17.</p> <p>The physician orders for all residents with a catheter have been reviewed to ensure compliance. Staff education regarding catheter orders was provided 6/8/17 and scheduled again for 6/22/17.</p> <p>Ongoing compliance monitoring weekly x4 will be conducted by the ADON as directed and overseen by the Director of Nursing. Reports to the Quality Assurance Committee are planned until substantial compliance is achieved. Complete 7/12/17.</p>	7/12/2017	

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F 281	Continued From page 7 Medical record review revealed a Physician's order dated 10/20/16 for condom catheter prn (as needed) for urinary retention per patient request; diagnosis-obstructive uropathy. Further review revealed this order was discontinued on 3/3/17. Interview with Unit Manager/Registered Nurse (RN) #1 on 6/7/17 at 1:42 PM on the third floor at the nurses station confirmed there was no order for a condom catheter for the resident. RN #1 stated the resident did use a condom catheter and "had it on this morning..." Interview with Resident #153 on 6/7/17 at 6:00 PM in the resident's room revealed the resident did use a condom catheter. The resident stated he applies the condom catheter himself as needed. Resident #153 said when needed the staff will empty the catheter bag and sometime he will empty it.	F 281			
F 318	483.25(c)(2)(3) INCREASE/PREVENT SS=D DECREASE IN RANGE OF MOTION (c) Mobility. (2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. (3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation,	F 318			

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(X4) ID PREFIX TAG F 318	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 and interview, the facility failed to provide services to prevent further decrease in range of motion for 1 Resident (#105) of 26 residents sampled. The findings included: Medical record review revealed Resident #105 was admitted to the facility on 10/7/09 with diagnoses including Alzheimer's disease, Hemiplegia and Hemiparesis following Cerebral Vascular Disease, Dementia, and Epilepsy. Medical record review of a notation of discharge from a restorative dining form dated 7/27/10 revealed the resident could feed self with staff set up. Medical record review of the admission Minimum Data Set (MOS) dated 1/5/17 revealed a Brief interview for Mental Status was not completed related to the resident was rarely/never understood . Medical record review of a progress note dated 2/14/17 revealed the resident was "...contracted..." (a fixed condition preventing stretching of a muscle) in both arms with the left wrist "...worst than other areas." Medical record review of a significant change MOS dated 2/21/17 revealed Resident #105 required extensive assistance of two people for bed mobility, dressing, toileting, and personal hygiene. Continued review revealed the resident had limited range of motion to both arms.	ID PREFIX TAG F318	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Health Center at Richland Place provides services to each resident as needed to increase and/or prevent further decrease in Range of Motion. Range of motion is currently being provided to resident #105 through the restorative program effective 6/ 8/ 17. All residents with contractures have been evaluated to ensure appropriate services are provided to increase and/or prevent further decline in range of motion. Ongoing compliance monitoring weekly x4 will be conducted by the restorative nurse as directed and overseen by the Director of Nursing. Reports to the Quality Assurance Committee are planned until substantial compliance is achieved. Complete 7/12/17.	(X5) COMPLETION DATE 7/12/17

Medical record review of a case conference
summary dated 4/12/17 revealed "...changes in

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F 318	<p>Continued From page 9</p> <p>functioning ability are..patient is nonverbal, contracted, bedbound..."</p> <p>Medical record review of a care plan revised on 4/25/17 revealed "...Patient requires assistance with ADLs [Activities of Daily Living] and/or functional mobility..." an intervention for active and passive range of motion to extremities during care as tolerated.</p> <p>Medical record review of a progress note dated 6/6/17 revealed "...extremities contracted..."</p> <p>Observation on 6/6/17 at 9:17 AM in the resident's room revealed Resident #105 in bed, the resident's left arm was bent at the elbow and the left wrist was curled toward Resident #105's chest. There was no supportive device for the resident's arm.</p> <p>Observation on 6/7/17 at 8:11 AM in the resident's room revealed the resident was in bed, the left arm was bent at the elbow and the left wrist was curled toward the resident's chest. There was no supportive device for the resident's arm.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 6/7/17 at 9:17 AM in the hallway near the resident's room confirmed the resident had contractures to the left arm. Continued interview confirmed the resident did not currently receive physical therapy or restorative therapy and did not use supportive devices.</p> <p>Interview with Certified Nursing Assistant (CNA) #1 on 6/7/17 at 10:02 AM in the hallway revealed the CNA had a "permanent" assignment to care for the resident. Continued interview revealed the</p>			F 318			

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F 318	<p>Continued From page 10</p> <p>CNA had cared for the resident for approximately 6 months. Further interview revealed the CNA was aware the resident had limited movement of both arms. Continued interview revealed the CNA had not received instructions on range of motion and did not provide range of motion to the resident.</p> <p>Interview with LPN #1 on 6/7/17 at 10:20 AM at the 3rd floor nurse's station revealed the nurse was familiar with Resident #105. Continued interview confirmed the resident was not receiving physical therapy or restorative services. Further interview revealed in the past the facility used towels or stuffed animals to support the arms or legs of a resident having limited mobility however this was not currently being done for Resident #105.</p> <p>Interview with Nurse Practitioner #1 on 6/7/17 at 12:30 PM in the Assistant Director of Nursing's (ADON) office revealed the resident was receiving palliative care. Continued interview revealed the Nurse Practitioner did not know when the resident had declined. Further interview confirmed range of motion was appropriate for Resident #105.</p> <p>Interview with the ADON on 6/7/17 at 12:30 PM in the ADON's office revealed range of motion was an appropriate intervention for Resident #105. Further interview revealed staff were expected to provide range of motion during care. Continued interview revealed no evidence the staff provided range of motion to the resident. Further interview confirmed the facility failed to provide range of motion to Resident #105's arms to prevent further decrease in motion.</p>	F 318			